

APPLICATION FOR NAVY CONTRACT POSITIONS  
**THIS IS NOT A CIVIL SERVICE POSITION**  
**CT-04-03 10 FEB 2003**

IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE **3 March 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
1681 NELSON STREET, ATTN: CODE 02-21T  
FORT DETRICK, MD 21702-5015

E-MAIL: [acquisitions@nmlc.med.navy.mil](mailto:acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: CODE: 21T

Ph: 301-619-3124

A. NOTICE. This position is set aside for individual Certified Nurse Midwives only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS.

1. Certified Nurse Midwife. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Certified Nurse Midwife in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (see Sections D and E).

2. You shall serve as a Certified Nurse Midwife (CNM) for the Naval Medical Center Portsmouth, Virginia. This position provides for the delivery of care to healthy women and newborns for obstetrical services and collaboration with an attending physician on non-routine patients. The healthcare worker will additionally provide counseling, as well as diagnostic, preventive and therapeutic care for obstetrical and gynecologic patients.

3. You shall be on duty in the assigned clinical areas of the Naval Medical Center Portsmouth (NMCP) or a satellite OB/GYN clinic located at a Branch Medical Clinic. The healthcare worker also may be assigned to work at any future clinic site under the command of NMCP. You shall be on duty in the assigned clinical areas for 40 hours each week, exclusive of watch standing. The health care worker shall normally provide 9.0 hours per day (to include an uncompensated 1 hour for meals), between the hours of 0700 and 2100 on Monday through Friday throughout the term of the task order. Specific hours will be scheduled by the Commander or his/her representative. You shall arrive for each scheduled shift in a well-rested condition with at least six hours of rest from all other medical duties, except following a watch standing.

4. You shall accrue eight hours of leave at the end of every 2-week period worked. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander or his/her representative. Unplanned absences due to illness or other incapacitation of the health care worker will be used and managed according to the guidelines for U.S. Civil Service employees. Any leave accrued by the health care worker can be carried over through 31 December of the calendar year except during the last option year of the contract. Any leave not used by 31 December will be forfeited. Any leave not used by 30 September of the last option year will be forfeited. Your services shall not normally be required on the following federally established paid holidays, except when standing watch: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence.

5. Watch standing Duties. Unscheduled services may be required at any time during the day or night, including weekends and holidays, and are to be provided on a watch standing basis. You shall rotate watch standing with other CNM from the OB/GYN Department. Watch standing can be expected to occur approximately every 5 to 7 days, based upon available staffing. These services will be required weekdays from the end of normal working hours until 0700 the following morning, or 0900 when watch concludes on a weekend or holiday, and on weekends and holidays from 0900 to 0900 the following day (a 24 hour period). The CNM will be assigned a beeper to facilitate provisions of these services. Replacement costs for lost or damaged beepers shall be borne by the CNM. Assignment of these watches will be published by the watch bill, usually at least 10 days prior to the assigned duty period for each CNM. The watch bill is the responsibility and prerogative of the Commander, or his/her designee.

6. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

## II. STATEMENT OF WORK:

A. The use of the term "Commander " means Commander, Naval Medical Center, Portsmouth or designated representative, e.g. a Technical Liaison or Department Head.

**B.1. SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker is serving at the Military Treatment Facility (MTF) under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. The healthcare worker is not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

**C. GENERAL DUTIES AND RESPONSIBILITIES:** The health care worker will provide a full range of Certified Nurse Midwife care on site, using Government furnished facilities, equipment and supplies. The clinical caseload includes both scheduled and unscheduled requirements for patient care. The actual clinical activity is a function of the Commander's credentialing process and the overall demand for the Certified Nurse Midwife services. The health care worker's productivity is expected to be comparable to that of other Certified Nurse Midwives assigned to the facility and authorized the same scope of practice.

## ADMINISTRATIVE AND TRAINING REQUIREMENTS: You shall:

1. Be responsible for delivery of treatment within the personnel and equipment capabilities of the MTF, provision of mandated medical surveillance and preventive services and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

2. Adhere to NAVMEDCOMINST 6550.2, Utilization Guidelines for Certified Nurse Midwives, and NAVMEDCENPTSVAINST 5112.2D and BUMED INST 6320.66C – Credentialing and Privileging Program. These instructions allow for or include the following requirements: permits certified nurse midwives to order and administer approved lists of drugs according to protocol, and requires the random review of records of patients seen by the CNM. They also allow the CNM to have admitting and discharge privileges and that the CNM may perform necessary histories and physicals for OB/GYN patients, with the review and endorsement by a qualified physician.

3. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, chiropractic assistants, students) assigned to you during the performance of clinical procedures.

4. Perform limited, necessary administrative duties that include participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.
5. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the healthcare worker shall be required to attend or read and initial the minutes of the meeting as deemed appropriate by the Head, Department of OB/GYN.
6. Attend annual renewal of the following Annual Training Requirements: Family Advocacy, Disaster Training, Sexual Harassment, Infection Control, Bloodborne Pathogens, and other courses as directed.
7. Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examinations, documentation and reporting.
8. Perform necessary administrative duties which include maintaining statistical records of workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.
9. Participate in the provision of monthly inservice training to staff members, non-healthcare members of the department, and administrative staff on subjects germane to the CNM specialty and health care in general.
10. Attend CHCS training as provided by the Government for a minimum of 4 hours.
11. Attend all required annual retraining classes stipulated by the Command, to included Basic Life Support (BLS-C) Certification.
12. Obtain sufficient continuing education and training necessary to maintain competency and professional growth.

**STANDARD DUTIES.** The CNM's scope of practice is based on the principles of a team approach. The CNM assumes an expanded role in the delivery of health care. As an interdependent member of the health care team, the CNM shall provide obstetrical and preventive health care through consultation, collaboration, referral and direct patient care following the established clinical privileges outlined in the BUMEDINST 6320.66C and included here as Certified Nurse Midwife Procedures. Additionally, supplemental privileges may be performed with documentation of training and competence, where supported by the facility and the demand for patient care, as outlined in the BUMEDINST 6320.66C and included here as Certified Nurse Midwife - Additional Procedures.

Medical services provided shall include those identified above, as well as:

Discriminate between normal and abnormal findings to recognize early stages of problems.

Provide periodic health screening of normal, non-pregnant and asymptomatic patients, with a specific emphasis on the evaluation of the thyroid, breasts, abdomen, and pelvis, including a complete pelvic exam and PAP smear, along with appropriate cultures.

Provide counseling and education on reproductive and related health issues to maintain or improve the patient's health status including the areas of: situational stress, childbearing, parenting, contraception, sterilization and sexually transmitted diseases.

Demonstrate awareness and sensitivity to the patient's and significant other's rights and maintain an awareness of legal issues in all aspects of patient care.

Demonstrate appropriate delegation of tasks and duties in the coordination of health care.

Provide education and consultation to GME-1 trainees, medical students and other trainees and personnel.

Provide technical guidance, and education to nursing and ancillary personnel.

Credentialing and Privileging Requirements.

Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at: <http://www.nmlc.med.navy.mil/Code02/contractorinfo.htm>.

If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

**CLINICAL DUTIES AND RESPONSIBILITIES.** Medical services provided shall include, but are not limited to, those procedures listed below:

Health, psychosocial, and obstetric/gynecologic history and physical examination

Complete prenatal care of the normal obstetric patient

Consultation to other specialists, clinics, or health resources as indicated

Collaborative management of complicated patients (as defined by the department) with an obstetrician/gynecologist

Order routine screening laboratory tests and radiographic procedures

Prescribe and dispense medications as approved by Pharmacy and Therapeutics Committee

Prescribe and dispense all contraceptive agents exclusive of subcutaneous implanted progestin devices and cervical caps

Assessment and treatment of OB/GYN patients with acute episodic illness (consultation with appropriate medical officer when needed)

Develop a health promotion and maintenance plan, including disease prevention and health screening

Provide periodic health screening

Provide abortion counseling

Assess and treat patients with minor gynecological problems and sexually-transmitted diseases

Antenatal evaluation of fetal well-being by electronic fetal monitoring and interpretation of stress and nonstress tests

Diagnosis of labor, performing admission history, and physical examination with review by a staff physician

Management of uncomplicated vertex labor inclusive of routine inpatient orders, amniotomy external and internal monitoring, analgesia using intramuscular and intravenous narcotics and potentiators

Management of uncomplicated vertex delivery inclusive of local, pudendal, and paracervical block anesthesia, episiotomy, and repair

Assessment and management of normal post partum orders, and administration of oxytocics

Assessment of readiness for and discharge of patients from the hospital

Initial routine care of newborn inclusive of aspiration with DeLee and endotracheal tube (in case of emergency), assignment of APGAR scores, and initial newborn examination in the delivery room

Resuscitation of newborn by mask and bag

Independent admission and discharge privileges to the OB/GYN service

#### **Certified Nurse Midwife – Additional Procedures**

- Application of outlet forceps and delivery of infant
- Application of vacuum extractor and delivery of infant
- Manual removal of placenta
- Uterine exploration
- Repair of third degree lacerations
- Repair of fourth degree lacerations
- Repair of cervical lacerations
- Repair of vaginal and paravaginal lacerations.
- Resuscitation of newborn by endotracheal intubation
- Genetic counseling
- Basic ultrasound
- Endometrial biopsy
- Colposcopy, cervical and endocervical biopsy, and cryotherapy
- Assist obstetrician/gynecologist in operative procedures
- LEEP procedures
- Vulvar and vaginal biopsy
- Insert and remove IUD's

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Be a graduate of a Certified Nurse Midwife Education Program accredited by the American Nurses Association.
2. Possess a current unrestricted license to practice as a registered nurse in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. The health care worker is responsible for complying with all applicable licensing regulations.
3. Possess certification as a Certified Nurse Midwife by the American College of Nurse-Midwives.
4. Possess experience as a Certified Nurse Midwife Practitioner of at least 12 months within the preceding 24 months.

5. Obtain certification in one of the following or the equivalent: American Heart Association Basic Life Support (BLS) for Health Care Providers; American Heart Association Health Care Provider Course; American Red Cross CPR for the Professional Rescuer.

6. Provide three letters of recommendation written within the last two years attesting to the healthcare worker's clinical skills. At least one of the letters must be from an immediate supervisor attesting to your clinical skills. The other two letters may be from physicians or medical supervisors. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.

7. Possess U.S. employment eligibility per Attachment 001, Item VIII. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.

8. Represent an acceptable malpractice risk to the Navy. (Attachment 001, Page 1, Para 5).

9. Submit a fair and reasonable price, which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified midwives using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and Quantity of experience as it relates to the duties contained herein, then,

2. Candidates with prior experience in a DOD facility as a Nurse Midwife may receive a higher ranking, then,

3. The letters of recommendation required in paragraph D.(6), above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise. Additionally, letters of recommendation from OB-GYN Physicians or other physicians may enhance your ranking if they attest to your clinical skills.

4. Total continuing education hours.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

- (1) \_\_\_\_ A completed "Personal Qualification Sheet – Nurse Midwife" (Attachment 001)
- (2) \_\_\_\_ A completed Pricing Sheet (Attachment 002)
- (3) \_\_\_\_ Proof of employment eligibility (Attachment 003)
- (4) \_\_\_\_ Three or more letter recommendations per paragraph D.6., above.
- (5) \_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment 004)
- (6) \_\_\_\_ Small Business Representation (Attachment 005)

\*Please answer every question on the "Personal Qualification Sheet – Nurse Midwife". Mark "N/A" if the item is not applicable.

#### **G. OTHER INFORMATION FOR OFFERORS.**

An Individual Set Aside Contract HANDBOOK is available at <http://www-nmlc.med.navy.mil> under **Public Access/Handbooks**, or can be requested from [aquisitions@nmlc.med.navy.mil](mailto:aquisitions@nmlc.med.navy.mil), Code 21T, or call 301-619-3124. This handbook may be of assistance to you in explaining requirements detailed in this package.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will

provide to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 004 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System (NAICS) code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this service is: 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC (301-619-3124). Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 002, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Naval Medical Logistics Command, Code 21T, who may be reached at (301) 619-3124.

We look forward to receiving your application.

## Attachment 001

**PERSONAL QUALIFICATIONS SHEET – NURSE MIDWIFE**

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the solicitation. **In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item IX. of this attachment.**

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, copy of BLS - C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	_____	_____
3. Has your license or certification to practice ever been revoked or Restricted in any state?	_____	_____

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

**PRIVACY ACT STATEMENT**

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(mm/dd/yy)



**PERSONAL QUALIFICATIONS SHEET – CERTIFIED NURSE MIDWIFE****I. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**II. Professional Education.** Be a graduate of a Certified Nurse Midwife Education Program accredited by the American Nurses Association. **(Section D, Item 1):**\_\_\_\_\_  
(Name and location of the school)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

**III. Professional Licensure** (License must be current and valid) **(Section D, Item 2):**\_\_\_\_\_  
State Date of Expiration (mm/dd/yy)**IV. Approved Continuing Education** (Factor for award):

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**V. Certification:** Possess certification as a Certified Nurse Midwife by the American College of Nurse-Midwives. **(Section D, Item 3)**

\_\_\_\_\_

**VI. Professional Employment:** List your current and preceding employers. Experience must total at least 12 months within the preceding 24 months. Provide dates as month/year. **(Section D, Item 4):****Name and Address of Present Employer** **From** **To**

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Performed: \_\_\_\_\_

\_\_\_\_\_

**Names and Addresses of Preceding Employers**

	<b><u>From</u></b>	<b><u>To</u></b>
(2) _____	_____	_____

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<b><u>From</u></b>	<b><u>To</u></b>
(2) _____	_____	_____

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

\_\_\_\_\_

**VII. Basic Life Support Level C:** Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR for the Professional Rescuer. **Section D, Item 5):**

Training Type listed on Card: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_(mm/dd/yy)

**VIII. Employment Eligibility (Section D, Item 7):**

	<b><u>Yes</u></b>	<b><u>No</u></b>
Do you meet the requirements for U.S. Employment	_____	_____
Eligibility contained in Attachment 003?	_____	_____

**IX. Professional References.** Provide three letters of recommendation written within the last two years attesting to the healthcare worker's clinical skills. At least one of the letters must be from an immediate supervisor attesting to your clinical skills. The other two letters may be from physicians or medical supervisors. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years. **(Section D, Item 6):**

**X.** I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

## ATTACHMENT 002

### PRICING SHEET PERIOD OF PERFORMANCE

Services are required from 24 March 2003 through 30 September 2003. Four option periods will be included which will extend services through 09 March 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

## PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Certified Nurse Midwives in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one Certified Nurse Midwife at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 24 Mar 03 thru 30 Sep 03	1056	Hour	_____	
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	
0001AE	Option Period IV; 1 Oct 07 thru 24 Mar 08	1032	Hour	_____	
TOTAL CONTRACT					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT 003**LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A

## LIST A

## Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

## LIST B

Documents that Establish Identity  
Eligibility

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address

## LIST C

Documents that Establish Employment

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

- |                                                                             |                                                                                                                                                                          |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. School ID card with a photograph                                         | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. Voter's registration card                                                |                                                                                                                                                                          |
| 5. U.S. Military card or draft record                                       | 4. Native American Tribal document                                                                                                                                       |
| 6. Military dependant's ID Card                                             |                                                                                                                                                                          |
| 7. U.S. Coast Guard Merchant Mariner Card                                   | 5. U.S. Citizen ID Card (INS Form I-197)                                                                                                                                 |
| 8. Native American tribal document                                          | 6. ID Card for use of Resident Citizen in the United States (INS Form I-179)                                                                                             |
| 9. Driver's license issued by a Canadian government authority               |                                                                                                                                                                          |
| For persons under age 18 who are unable to present a document listed above; | 7. Unexpired employment authorization document issued by the INS (other than those listed under List a).                                                                 |
| 10. School record or report card                                            |                                                                                                                                                                          |
| 11. Clinic, doctor, or hospital record                                      |                                                                                                                                                                          |
| 12. Day-care or nursery school record                                       |                                                                                                                                                                          |

**ATTACHMENT 004****CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 21T  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## ATTACHMENT 005

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below. **NOTE:** This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ \_\_\_ Black American.
- ☐ \_\_\_ Hispanic American.
- ☐ \_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ \_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ \_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).